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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

r,

NAME OF CORPORATION: \_\_\_\_\_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

MARCOS P PINHEIRO

Name of Contact Person-

MP QUALITY CONSTRUCTION CORP

Firm/ Company

1211 HEMINGWAY PLACE # 202

Address

KISSIMMEE, FL 34747

City/ State and Zip Code

MARIANA.MP@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 MARCOS P PINHEIRO
 at (321)
 443.9932

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### FAST TRIM SERVICES CORP.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

P18000079730

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

MP QUALITY CONSTRUCTION CORP The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1211 HEMINGWAY PLACE #202 B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) KISSIMMEE, FL 34747 C. Enter new mailing address, if applicable: ရှိ (Mailing address MAY BE A POST OFFICE BOX) Ę,  $\subseteq$ D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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### If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

#### Example:

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>v</u>	<u>Mike Jones</u>	
<u>_X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			·
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			<u>.</u>
Add			<u>-</u>
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

#### E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) adoption date this document was signed.	04/10/2019 n:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date went of State's records.	ill not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement oting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
04/10/2019 Dated	NA	
Signature	Working	
(By a director	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court	
appointed fidu	incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	
MARC	COS P PINHEIRO	
	(Typed or printed name of person signing)	